

IN THE UNITED STATES
PATENT AND TRADEMARK OFFICE

Declaration and Power of Attorney

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am an original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled **Adaptive Code-Tracking Receiver For Direct-Sequence Code-Division Multiple Access (CDMA) Communications Over Multipath Fading Channels And Method For Signal Processing In A Rake Receiver** the specification of which

☒ is attached hereto

OR

☐ was filed on _____ and granted Application Serial Number _____.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by an amendment, if any, specifically referred to in this oath or declaration.

I acknowledge the duty to disclose all information known to me which is material to patentability as defined in Title 37, Code of Federal Regulations, 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

European Application No.00300268.0 January 14, 2000

I hereby claim the benefit under Title 35, United States Code, 120 of any foreign application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, 112, I acknowledge the duty to disclose all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

None

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States

Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

I hereby appoint the following attorney(s) with full power of substitution and revocation, to prosecute said application, to make alterations and amendments therein, to receive the patent, and to transact all business in the Patent and Trademark Office connected therewith:

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I hereby authorize these attorneys to insert in the above blanks the filing date and application serial no. when known.

Please address all correspondence to the Docket Administrator (Rm. 3C-512), Lucent Technologies Inc., 600 Mountain Avenue, P. O. Box 636, Murray Hill, New Jersey 07974-0636. Telephone calls should be made to Christopher Buckley by dialing 011-44-208-504-9688.

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Inventor's signature Jens Baltersee Date 6th October 2000

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Inventor's signature Gunnar Fock Date 6th October 2000

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1. Name of conveying party(ies):

Jens Baltersee
Gunnar Fock
Peter Schulz-Rittich

Additional name(s) of conveying party(ies) attached? ☐ Yes ☒ No

3. Nature of conveyance:

- ☒ Assignment ☐ Merger
☐ Security Agreement ☐ Change of Name
☐ Other _____

Execution Date: October 6, 2000

2. Name and address of receiving party(ies)

Name: Lucent Technologies Inc.

Internal Address: _____

Street Address: 600 Mountain Avenue

P. O. Box 636

City: Murray Hill State: NJ ZIP: 07974-0636

Additional name(s) & address(es) attached? ☐ Yes ☒ No

4. Application number(s) or patent number(s):

If this document is being filed together with a new application, the execution date of the application is: _____

A. Patent Application No.(s)

B. Patent No.(s)

Additional numbers attached? ☐ Yes ☒ No

5. Name and address of party to whom correspondence concerning document should be mailed:

Name: Docket Administrator

Internal Address: Room 3C-512

Street Address: 600 Mountain Avenue

P. O. Box 636

City: Murray Hill State: NJ ZIP: 07974-0636

6. Total number of applications and patents involved: 1

7. Total fee (37 CFR 3.41).....\$ 40.00

☐ Enclosed

☒ Authorized to be charged to deposit account

8. Deposit account number: 12-2325

(Attach duplicate copy of this page if paying by deposit account)

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9. Statement and signature.

To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.

Eli Weiss

Name of Person Signing

J. Baltersee 1-1-1

Eli Weiss / CRS
Signature

01/08/2000

Date

Total number of pages including cover sheet, attachments, and document: 9

Mail documents to be recorded with required cover sheet information to:
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